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ICE AND ICE-WATER IN SCARLET FEVER AND DIPHTHERIA—WHO ORIGINATED THE PRACTICE?

BY HIRAM CORSON, M. D.,
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In an article in the Reporter, August 7th, 1875, in the paper by Dr. James Y. Shearer, of Sinking Spring, Pa., he says:—"Many members of our profession do not seem willing to accord to Dr. Hiram Corson due credit for having first promulgated, if he did not originate, which I think he did, the idea or method of treating scarlet fever by the application of ice." The editor, in a note, says:—"We believe Dr. Jackson, of Northumberland, first advocated the cold-water treatment in this country." Now, if the editor had said, *first published*, he would have been correct as between Dr. Jackson and myself, and as referring to the use of cold water as drink, and small lumps of ice in the mouth, in scarlet fever, for he published what himself, Dr. Magill, and others had done in 1833, while I published nothing until 1844. In the many brief papers which I have written in favor of what I call the cold or ice treatment, I have always put Dr. Jackson forward.

In a report written by me for the *Transactions of the State Society*, in 1864, there is a detailed account of what was published by Dr. Jackson in the May number of the *American Journal of the Medical Sciences*, for 1833, and also in the August number of the same journal. The treatment thus announced in 1833 originated with him in 1832. I never made a claim to having originated the use of cold water and ice *internally* in the treatment of scarlet fever, and why? Because, from the first day of my practice in 1828, I never used any other drink than cold water for the sick. Those who have read my article on the treatment of measles, in the Medical and Surgical Reporter of a few years since, know how I was led, in the very beginning of my practice, to use only cold water as drink in every disease, when even my good friends Jackson and Magill were considering it a fearful risk. At that time, even in measles, I not only gave cold water freely as drink, but even urged its use in large quantities as a cooling remedial measure; and also used it *externally* to cool the overheated body. So, also, in scarlet fever, in my very first cases; but mark, this was only cold water. In the article referred to, in the "Transactions" of 1864, I use the following language in reference to the use of *ice* in scarlet fever:—

"In the year 1833 I first ventured to give ice-water as drink in scarlet fever, with great comfort to the patient, and thought the practice peculiar to myself, but afterward saw in the May and August numbers of the *American Journal of Medical Sciences* the communication of Dr. Jackson, of Northumberland," on that subject. Although Dr. Jackson did not publish his treatment till I had originated it for myself, yet he had, so far as the *internal* use of *ice* was concerned, originated it the year before I used it; so *he was clearly ahead of me in that*, the use of small pieces of ice in the mouth. But Dr. Jackson never used the ice *externally to the neck* in scarlet fever ("though," he says, "I

had often thought of doing so") before the year 1844, when I first tried it. The history of my first case is given in the first work of Dr. J. Forsyth Meigs on the diseases of children, on page 480. I therefore have never claimed anything but the *external* application of ice, efficiently, some say daringly, applied; an application which renders of no necessity the stimulating gargles, washes, and caustics which so horribly tortured children. But what right had either Dr. Jackson or myself to claim originality in giving cool drink, or even in sponging with cool water? Have I not shown in the MEDICAL AND SURGICAL REPORTER, Feb. 11, 1871, in an article on the use of ice and cold water in scarlet fever and diphtheria, that in Dr. Gregory's "Practice," American edition, page 231, published in 1826, Dr. Currie, of Liverpool, had used it long before that time? Prof. Chapman, of the University of Pennsylvania, spoke of it to us in 1826–7, but condemned it so greatly that Dr. Jackson, if cognizant of Dr. Chapman's opposition to it, deserves more praise for having ventured on its use than if he had never heard of its being used. In the same article in the REPORTER I have quoted from "Burns' Diseases of Women and Children," edited by Prof. Thomas C. James in 1823, where he says:—"Another remedy of great importance is affusion with cold water. I can with confidence recommend this remedy, from careful observation and repeated trials. It is of consequence to use this early; and whenever the patient feels steadily hot, and the skin feels warm to the hand of another person, it is time to put him into an empty tub, and *dash over him a large pailful of cold water*. By this I have known the disease corrected at once," etc. The above in our text-book, as far back as 1823, and yet, now in our centennial year, our present professor standing where James stood, with Jackson's experience, and the experience of hundreds of others, before him, is afraid to teach anything beyond the old inefficient remedies. Nor can Dr. Currie claim originality. He had probably heard of its being used in the same way. There lies before me a small book, entitled—

"The Curiosities of Common Water, or, The Advantages thereof in Preventing and Curing many Distempers. Gathered from the Writings of Several Eminent Physicians, and also from more than Forty Years' Experience. By John Smith, C. M. To which are added some Rules for Preserving Health by Diet. The Third Edition, Corrected. London: Printed, and Reprinted by Samuel Keimer, in High Street, near the Market-place, Philadelphia, 1723."

This book, published nearly a century before Burns wrote, and perhaps half a century before Currie practiced, is filled with praise of water as a remedy in nearly all diseases; and yet when Chapman flourished, from 1800, to 1830, cold water was scarcely used as a drink for sick people in a single disease. In every house where persons were sick the tea-sage, balm, sweet marjoram, etc., were constantly steaming on the stove. Even yet, in the city of Philadelphia and elsewhere, there are physicians in extensive practice who are afraid to use cold water as drink in measles and other skin diseases. Allow me to quote a few passages from "The Curiosities":—

"There is also published a book of experiments made with water by Dr. Hancock, a divine, called *Febrifugum Magnum*, wherein he saith, that drinking a pint or quart of cold water in bed will raise a copious sweat and cure all burning fevers, which at once taking has done the business. It will raise a sweat without much more covering than ordinary. And he further affirms that the same taken at the beginning of the cold fit of an ague and sweating upon it, at two or three times taking, will cure the distemper. And he saith he has had long experience of curing common *colds* with cold water; and this is done by drinking a large draught of water on going to bed, another in the night and another in the morning. Pitcairn affirms, with great reason, that sweating in *fevers*, by drinking cold water, is more natural than to do it with hot sudorifics, which often do harm in the beginning of *fevers*. But it has not often been advised by physicians, because they were ignorant of this cold way of sweating to cure *fevers*. Which cure, he said, did succeed in one who was his relation, at the fifth day after his falling sick, to whom he gave a dose of water after he was in bed, and he sweated profusely for twenty-four hours, and thereby was cured. Half a pint, he said, is enough for a grown child; a pint to a man or woman, though if they drink a quart it will be better.

"*In scarlet fever, small-pox, and measles*, though the water will not cause sweat, yet it will so quell and keep under the *fever* that the

eruption will come out more kindly, which is a confirmation of what was before said about Dr. Betts prescribing two quarts of water when the small-pox did not come out kindly."

If, therefore, the able investigators who are now so zealously and commendably endeavoring to ascertain how greatly and speedily the heat of the human body may be reduced by a proper application of cold water to it, should succeed in bringing it into use for that purpose, they may find themselves walking in the footsteps of John Smith, Dr. Hancock, Pitcairn, and others. Even the writings of our own Dr. John Bell may stand in the way, disputing their claims to originality. But a fig for originality! If they can inaugurate a plan of operations with cold water which shall prove to the profession that we have an easy, safe, efficient, and very manageable means of lowering the temperature of the human system, and can thus set at rest the dangerous practice of using large doses of quinine and whisky for that purpose, they will confer untold blessings on mankind.

And here I might stay my pen, were it not that courtesy demands a word for Dr. Shearer's efforts. In his paper, the value of ice, internally by the mouth, and externally to the neck, is given in the most emphatic, and to me, satisfactory manner. "Forty cases of the most malignant type, and have not lost a single one." Of some of them he says: "They had been greatly neglected; throats were swollen, having gangrenous spots, accompanied by great physical prostration; in fact, I might almost say the sufferers were at the very threshold of eternity, as under any other treatment I had not seen or known of a recovery in any case equally bad." This is valuable testimony; and yet, natural and reasonable as this treatment is, and efficacious when put into practice, there are some practitioners and teachers of medicine who, having tried it, wholly object to it. Why this difference of opinion? Some persons who have *ventured* upon its use—I say ventured, for it seems to them an experiment with a fearful agent—have timidly told the family to get some ice and put it *around* the child's neck, also to give it small pieces in the mouth, and let it take some ice-water as drink. After this, what did they know about the mode of using it? How much to use, how long to be applied, etc.? Dr. Shearer did not act in this way. He knew full well that he was wrestling with a disease that counted its victims by thousands and filled the land with mourning; and like a true physician, alive to his duties and responsibilities, he stood nobly to his work. He spoke confidently of the value of his remedial measures; instructed the parents in the mode of applying the ice *over* the inflamed glands, the bandage being carried over the top of the head instead of around the neck; impressed upon them the importance of giving cold water freely as drink, and the use of it, if needed, on the head or over the body, to relieve the brain or reduce the temperature of the body; proved to them by actual demonstration that if the ice which they had applied to the throat or sides of the neck were only the thickness of a knife-blade away from it, it was utterly valueless, and that therefore the muslin bag or the bladder which contained the ice should be pressed close upon it. I fancy that I see him giving all those instructions, and by the energy and confidence of his manner, and by the deep interest which he manifests in his little patients, animating the parents to assiduous and hopeful labor for their restoration to health.

In a private letter of his to one of his friends, since the publication of his article, he says: "Since I used the ice I did not lose a single case, and I can recommend it highly to the profession. There are many timid men who have not the courage to use it, and it appears they cannot learn how to do it. When I first used the ice I was often compelled to remain in the house with the patient, and apply it myself, for hours, until I was satisfied it was doing a great deal of good and my patient was out of danger."

Had such testimony as Dr. Shearer's come to us from *abroad*, as the utterance of a French or German teacher, our journals would be filled with laudatory notices of it, and our medical teachers would hasten to proclaim it to wondering classes, and there is not a practitioner so timid that he could not venture on its use. Should we not rather credit our own countryman; a citizen of our own State; a graduate of our own college; a member of our State society? Methinks I hear some one reply, "I should be afraid to use it; I see nothing of it in the text-books; our professors on practice do not recommend it." Ah! we now have an insight into the whole business. The authority of a great name is wanting. To

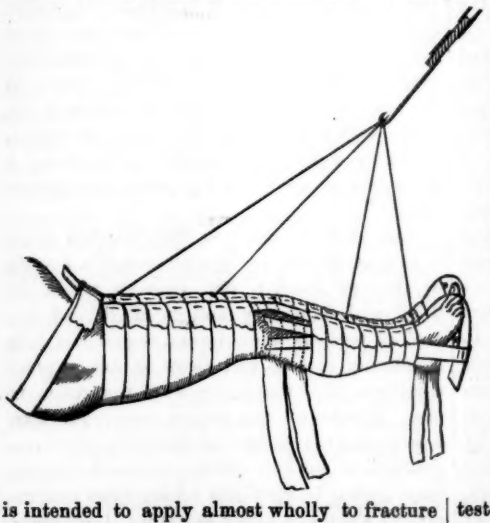
such I reply, in the beautiful language of an author deeply versed in human nature: "Show me a man who, leaving God, and nature, and himself, sits at the feet of masters, stuffs his brain with maxims, notions, usages and rules, and yields his fancy up to leading-strings, and I shall see a man who never did a deed worth doing."

THE ANTERIOR EXTENSION SPLINT.

BY G. E. PORTER. M. D.,
Of Lonacoming, Md.

Suspension in the treatment of fracture of the lower limbs, if a proper method is employed, gives perfect support to the broken bone, insures a degree of comfort hardly to be attained in any other way, and allows, without detriment to the fractured extremity, the necessary and inevitable changes of posture of the trunk. If along with these advantages a sufficient amount of extension can be secured by a simple and easily-managed arrangement, a useful thing will have been accomplished, and we will have relieved, especially, the treatment of fracture of the thigh of some of its embarrassments, that have been always and everywhere recognized and complained of.

In the description of the anterior extension splint, of its application and *modus operandi*, it



is intended to apply almost wholly to fracture of the femur in adults. At the same time, I know of no apparatus equally well adapted to the treatment of compound and gunshot fractures, to disease of the articulations requiring extension, and to cases of subperiosteal excision of the bones of the lower extremities.

The drawing will, I think, make the descriptive parts of the paper clear.

The splint is made of stout wire; the number five wire of the shops will be found large enough for adults, the number six for children. From its pelvic extremity to the bend at the instep it is two inches wide; from the latter point it gradually widens, until where it binds over the toes and passes down vertically in front of the plantar surface it is five inches wide. The cross-wires are arranged with about six inches between them, and securely soldered to the side-wires. The splint is bent at the groin and instep to about the same angles as in the old anterior splint. There is a slight bend at the knee, to clear the patella, and for other obvious reasons. It should be of sufficient length to reach the anterior superior iliac spine. What may be called the plantar part should extend a little below the posterior horizontal line of the heel. The curvatures of the foot portion of the splint are to be made with a view of giving the greatest possible firmness. The apparatus for suspension employed by Professor N. R. Smith is the best that can be devised, if we add a second short cord for the immediate support of the splint. Four points of support afford increased steadiness and firmness to the appliance.

Instead of the roller, I use the many-tailed bandage, in two pieces: one piece long enough to reach from the knee to a little beyond the plantar border of the heel; the other from the knee to the perineum. The tails, two and a half inches wide, should be well cut down, leaving a narrow isthmus along the posterior mesian line of the limb, and long enough to embrace the limb and pin over the side-wires, with three or four inches to spare. There should be two strips of adhesive plaster, each twenty-four inches long, four inches wide at the knee, and three at the foot end. A paper of pins and some cotton batting must be at hand. *The many-tailed pieces must always be made of stout, unstretching brown drilling.* This is an essential point. I have tested it repeatedly.

The apparatus is easily and quickly applied. The pulley must be screwed into a joist in the ceiling, at a point from which the bed can be moved sideways or headways to any required

extent. The broken limb, after proper adjustment, is placed upon pillows, on which previously the many-tailed pieces have been arranged. The adhesive strips are applied to the sides of the leg in the usual way. The splint is held over the broken extremity by an assistant, with the centre of the arch of the foot portion above, and will be clear of the toes. From the knee upward the splint should be not less than two inches from the limb. The adhesive strips are next pinned over the plantar side-wires, in a line with the axis of the limb. Several tails of the bandage, at suitable supporting-points, should be pinned over the side-wires. One short cord is fastened to the loops of the cross-wires at the groin and ankle, the other to the cross-wires next above and below the knee. The cord from the tent-block is fastened to both short cords at the same point, by hook, or otherwise. By pulling down the tent-block, the limb is elevated. After removing the pillows, the unpinned tails are attended to. If this duty is well performed, the bandage applies itself to the general contour of the broken member with a neatness and snugness simply perfect. A doubled strip of muslin must be passed around the pelvis, and pinned over the side-wire, above the bend at the groin. By pushing the bed headways we get the requisite amount of extension. To prevent the slipping down in the bed, its foot should be raised from three to six inches. The tails supporting the seat of fracture and central part of the shaft in thigh fracture must be firmly drawn up; by doing so, we raise the fragments into place, and restore the normal curve of the bone. If proper attention is given to this point, the limb should never "unite with a backward curvature or angle." I have seen this deformity occur in cases where the anterior splint was used, but, so far, I know I have never had it happen in my own practice. When the many-tailed bandage is employed in place of the roller, the occurrence of this deformity should, probably, be attributed to the surgeon rather than the apparatus.

For the amount of extension and counter-extension obtained from this apparatus, we depend principally on the weight of body, the weight of the suspended limb, the obliquity of the suspending cord, and the elevation of the foot of the bed. By tightening the adhesive strips, protecting the perineum and adjacent parts subject to pressure with cotton batting, we can secure a certain amount of extension and counter-extension directly from the splint. I do not claim that this is greatly to be depended upon, but as a supplementary and reserve force, when the other more reliable forces are not in full action, that it will be found of advantage. We can determine the amount of extension employed by measuring from a fixed point along one of the plantar side-wires to the cross-wire at the groin, before and after application. The power of each splint should be tested by quarter inches previously. Is there danger of carrying extension too far? Prof. L. A. Sayre, in a clinical lecture on united fracture, says: "Continuous and prolonged extension should be condemned." Prof. Sayre's rule is: "Extension for the proper adjustment of the fracture, and then retention." The retention is the difficulty. Is not extension the best means of retention? Have we any other as reliable way that is equally safe? If extension is employed after reduction, it must be continuous, and must be prolonged until there is sufficient firmness of union to prevent the slipping or overlapping of the fragments. That over-extension is possible may be readily admitted. That it may be a cause of delayed or non-union is more than probable. Facts bearing on this point are, so far as I can discover, extremely meagre. In my own practice, during the last twenty-three years, in a community where coal-mining operations are extensively carried on, and where fractures are of great frequency, I have not had a case of non-union. I have had five cases of delayed union, the period of delay varying from ninety to two hundred and twenty days. All recovered without operative interference. In two of them extension was not employed, in three it was. In the three cases there were other causes operative to which the retarded union was to be attributed, rather than to the extension.

It may not be out of place to sum up some of the advantages and point out to what extent the indications of treatment are fulfilled by this apparatus. All the causes of displacement in fracture may be classed under two heads, one physiological, the other mechanical. The inevitable and necessary changes of posture of the trunk, and the weight of the limb below the seat of fracture, are the only mechanical causes tending to displace the fracture. The action of the muscles is, of course, the only physiological cause of displacement. By the suspension and

the perfection of the means of support the mechanical causes are almost wholly obviated; by extension we overcome the action of the muscles. The extension not only does this, but it supplements and perfects the other means of counteracting the mechanical difficulties.

The apparatus is simple, inexpensive, can be made at any tin-shop, can be easily and quickly applied, does not readily get disadjusted, and affords a degree of comfort to the patient that is not surpassed by any other appliance whatever. If we wish to make passive motion, the bed is moved footways, to take off the extension; the limb elevated; the tails of the bandage on one side, from the knee downward, and the adhesive strips, are unpinned. While an assistant takes charge of the splint, we grasp the limb just above the patella with one hand, making moderate extension; with the other we accomplish our purpose with facility, and without fear of doing harm. It would seem hardly necessary to mention that the bed-pan can be conveniently used. If we attempt to treat a fracture of the thigh, with this or any other apparatus, without a suitable bed, both patient and surgeon stand a fair chance of coming to grief. A bedstead with the bottom boarded over, and a firm mattress, are the only essentials. The somewhat complicated arrangements made use of where suspension is not employed are not required. It is the opinion of some surgeons that extension, however applied, is a source of discomfort, and a cause of spasmodic resistance on the part of the muscles. With the anterior extension splint, when properly applied, with the proper amount of extension, I have found precisely the opposite to be the case. There is another objection to which it may not be, perhaps, so easy to reply. It may be urged that it is a serious matter to keep a patient with a broken femur in bed for five or six weeks, or longer. This objection holds equally against every appliance, except the various forms of the "apparatus immobile." Fractures occurring in mining districts are generally caused by heavy falls of coal, and attended with severe contusions and crushings of the soft parts. In most of my cases I have looked upon the "fixed apparatus" as inapplicable and extremely hazardous. To allow a patient with a fracture of the lower limbs to go about on crutches after a few days has something sensational about it. There is a certain inherent (perhaps it may be called quack) element in every one, professional and lay, that makes impressive and attractive everything of a sensational character. There is nothing very reprehensible in this, if we do not allow it to unduly bias the judgment and do not make use of it for purposes of charlatanry. If we leave out of the question the "immovable apparatus," the objection amounts to nothing, as it is unavoidable. Any way we take it, it does not amount to a great deal.

In fracture of the thigh the question of shortening is one of the greatest interest. The difference of opinion among surgeons on this point is not a little surprising. If we can trust Malgaigne, Hippocrates thought shortening could always be obviated. I find the following in the eighth book of Celsus:—"Neque tamen ignorari oportet, si femur fractum est, fieri brevius, quia nunquam in antiquum statum revertitur." It is claimed that Desault "cured vast numbers of cases without the least remaining deformity." Malgaigne says to cure oblique fracture of the femur without shortening is impossible. In the older editions of his work on fractures and dislocations, Hamilton is scarcely less emphatic on the same side.

Carsten Holthouse, after quoting Malgaigne and Hamilton, says:—"There are surgeons hardy enough or ignorant enough to report cases of perfect cure." And suggests that these cases need the verification of the medical societies. Of thirty-five cases in the London hospitals in the summer of 1857, eighteen cases were from one inch to three and one-third inches short. Enough to account for the strong language he uses.

I can furnish the results in but six cases of fracture of the thigh treated with the anterior extension splint.

Case 1.—James Rawlston, aged 30. On the 11th of June, 1874, while working on the night shift in one of the Maryland Coal Company's mines, had the left femur broken close below the trochanter minor, by a fall of coal. The splint was applied the same night. He complained of a good deal of pain along the outer border of the patella and over the external condyle. There was not a great deal of swelling, and no great amount of pain at the seat of fracture during the treatment. There seemed to be pretty firm union at the end of three weeks. The apparatus was removed on the thirty-sixth, and the patient went about on

crutches on the forty-second day. There was no shortening. Measurements verified before the Medical Society of Allegany County, Maryland, September 21st, 1875. After repeatedly making careful measurements, one of the members pronounced the right limb longer than the left by half an inch.' He was not aware at the time as to which limb was fractured. The verification in this case could be made without bias. As to methods of measurement, I followed Gross, Hamilton, and Carsten Holthouse. R. went to work in the mines in less than four months.

Case 2.—Wm. Douglas, aged 20, in a runaway on a very steep inclined plane, when he reached the trestle near the foot of the plane, sprang from the cars and fell over an embankment; his right thigh, coming in contact with some projecting timber, was broken at the junction of the middle and lower thirds. The fracture was very oblique. The limb was put in the splint an hour or two after the accident. At the end of eight weeks there was some ligamentous union. After the application of the splint there was hardly any pain. It was impossible to get the patient to take sufficient nourishment; he had great repugnance to alcoholic stimulants; suffered frequently with troublesome diarrhœas. At the end of two months an accurately-moulded splint, made of a single piece of sole leather, was fitted to the thigh, knee, and side of the pelvis. It was well cut out opposite the popliteal space. Firm osseous union was completed in about seven months. Friction of the ends of the fragments, electricity, superficial rubbings and kneadings of thigh were frequently employed. At the end of seven and a half months the limbs were measured before the Medical Society, and no appreciable shortening found. On measuring at the end of eleven months, I found the limb had shortened not quite half an inch. It is nearly as perfect in every respect as its neighbor. The leg can be flexed to something more than a right angle with the thigh.

Case 3.—Ellen D., in her sixteenth year, while walking backward with a heavy child in her arms, fell and fractured the right femur in upper third. She was taken home, and the apparatus applied at once. The measurements were made in the fifth week of treatment, and verified by Dr. J. M. Porter, who has had a large experience in the treatment of fractures during the last thirty-four years. No shortening was discovered. She was short, stout, and large-limbed. By a recent measurement I was allowed to make, I found the limb one-quarter of an inch short.

Case 4.—Thomas Donald, aged 23 years, June 30th, 1875, had left thigh fractured near junction of middle and lower thirds, by a fall of coal. Limb suspended as soon as he was gotten home. There was immense swelling of thigh and knee; although I had left, as I thought, ample room, I had to increase it considerably in a few hours. The patient got on well. Apparatus taken off on thirty-fifth day. Went about on crutches at once. No shortening. At the end of twelve weeks after injury, measurements verified before the Medical Society. Has not been measured since. No limp. Says limb is as good as the other.

Case 5.—John Craven, aged 32 years. July 18th, 1875, left femur fractured at junction of middle and lower thirds, by a fall of coal. Splint applied a few hours after accident. Removed on thirty-fifth day. Left bed at once. No shortening. Limb in every way perfect. Had arranged to take this case before the Society, along with Nos. 1, 2 and 4. September 1st, three days before the meeting of the Society, he was, while ascending a steep grade, precipitated backward from the back seat of a high spring wagon, falling upon his head. Had his wife in his arms at the time; was very drunk. There was fracture of the base of the skull, and refracture of the thigh. Profuse hemorrhage from the ear, that after about twenty-four hours changed to a clear, watery discharge, slightly albuminous, and surprising as to quantity. Forty-two hours after accident I measured amount of the fluid from left ear, and found it fully one ounce per hour. He died comatose on the twenty-second day. There was no post-mortem. I tried to get one, but failed.

Case 6. —— ——, aged 18 years, had left thigh fractured, near middle, in September, 1875. Was treated with splint, by Drs. J. M. Porter and W. H. Ravenscroft, of Frostburg, Md. Apparatus was taken off, I think, in about five weeks. Limb one-third of an inch short, according to measurements of Drs. Porter and Ravenscroft. I made the shortening one-half inch. I saw case several times while under treatment. Made my measurement in seventh week.

CHRONIC PLEURITIS.

BY W. T. CHANDLER, M. D.,
Of Campbellsville, Ky.

I am persuaded, from personal observation, that chronic pleuritis is a malady more frequently overlooked in the diagnosis of diseases of the chest than any other single affection. Several cases of chronic suppurative pleuritis, diagnosed by respectable practitioners of medicine as phthisis pulmonalis, have fallen under my immediate observation. This is an error, considering the reliability of physical signs, that could only be made by an imperfect and incomplete examination of the case.

It is common to meet with a physician who, in an active practice of years, has never met with a single case, though he freely acknowledges to have treated phthisical cases by the score.

During the summer of 1874, when resident physician to the Louisville City Hospital, an illustrative case came under my care. The patient, a female aged twenty-two years, soon after confinement was seized with what her medical attendant denominated acute pneumonia, the persistence of which he considered as an evidence of its phthisical nature. Six months later, the patient, much reduced by hectic fever, cough, etc., was pronounced by him an incurable consumptive, and sent to the hospital to die. Examining the patient at this time, I found her much emaciated, with loss of appetite, harassing cough, hurried respiration, and quick, feeble pulse (125 per minute). On making a physical examination, it was evident that the patient was only breathing through one lung, the right side expanding and falling with each respiratory act, while the left was perfectly stationary.

Placing my hands on either side, there was an entire absence of vocal and respiratory fremitus over the left side of the thorax, and the cardiac impulse was seen and felt deflected to the right of the sternum.

On measuring the respective sides, the left was found two inches larger, from the spinous processes of the vertebræ to the middle of the sternum. There was also bulging, with a characteristic prominence of the intercostal spaces.

Percussion revealed flatness over the entire left side, both anteriorly and posteriorly, with increased resonance upon the right side. By auscultation the respiratory murmur was found absent over the entire left lung, while the normal vesicular murmur was exaggerated over the right lung.

A clear case of effusion in the left pleura, to determine the nature of which was the next object in the diagnosis. The presence of fever of a hectic type, with marked emaciation, great prostration and night-sweats, rendered it more than probable that we had a case of empyema to deal with. With the case as before you, and the counsel of Dr. Morton, one of the visiting staff, it was determined to aspirate the left pleura, which I did with his assistance, drawing off at the time forty-three ounces of fetid pus. The puncture of the aspirator needle (between the eighth and ninth ribs, about six inches anterior to the spine) was enlarged with a bistoury, and a silver drainage-tube inserted, through which the pleural cavity was daily washed with a weak solution of carbolic acid. Another tube was inserted between the tenth and eleventh ribs at same time, to facilitate the cleansing process, through which the cleansing and disinfecting solution was suffered to escape.

In the meantime the patient was sustained by the free use of brandy, quinine, and the tincture sesquichloride of iron, together with a fair allowance of milk and ale. At first the case seemed unfavorable, with a heavy drainage and pulse ranging from 125 to 130 per minute; however, after the second week the improvement became marked, the drainage decreased, and the general aspect of the patient presented a more favorable appearance. The treatment as delineated above was kept up from its inception until the end of the third month, at which time the tubes were removed, the left lung having completely regained its normal dimensions, and the pleural cavity obliterated by adhesions between the pulmonary and costal pleuræ.

Four months later I met the patient again, but so changed that I failed at first to recognize her (she seemed in perfect health); at this time I again examined her, but found nothing indicative of pleural or pulmonary trouble. Here was a case of presumed phthisis, doomed irrevocably to die, by respectable medical opinion, saved by a simple investigation of the physical signs of the case, and the use of measures that would naturally suggest themselves when the pathology of the case is considered.

About a month after the discharge of the above case, another female presented herself at

the office for admission, stating, on interrogation, that "the medical men had pronounced her case consumption." The case was examined by myself and colleague, Dr. R. S. Seeley, and from the physical signs and rational symptoms, which were almost identical with those already delineated in the previous case, we diagnosed empyema, and advised aspiration and the insertion of drainage-tubes. The following day the case was again examined by a member of the visiting staff, but our diagnosis was repudiated, and the advice neglected.

At an autopsy, some weeks later, there was taken from the left pleura of this patient nearly forty ounces of pus. That this patient would have recovered had the proper treatment been instituted at the proper time, I think, at least, highly probable.

Another case came under my observation some time since, where the autopsy revealed suppurative pleuritis; the patient a child ten years of age, had been treated for chronic pneumonia, and the real cause of illness never suspected until stumbled upon at the dead-table. Only about two months ago, I was called to see a negro patient, supposed, by his attending physician, to be in the last stage of phthisis pulmonalis, but upon physical examination I found a case of chronic pleurisy, with serous effusion, a small portion of which I extracted with a hypodermic syringe for diagnostic purposes. In my experience it is not only an occasional thing, but, in fact, it is a usual thing, for physicians to overlook suppurative pleuritis, and take for granted, from rational symptoms alone, that the patient is laboring under phthisis. Such mistakes can only accrue from a careless and inadequate application of well-known principles. It must, of necessity, however, occur to those who do not employ physical diagnosis in their investigation of chest troubles.

The rational treatment of chronic pleurisy must be determined by the character of the effusion, which may be surmised by the presence or absence of febrile excitement and marked constitutional disturbances. Though a positive differentiation can only be made by aspirating a small quantity of the fluid for ocular inspection for this purpose, I have found the ordinary hypodermic syringe, with a large needle, a very convenient and reliable instrument. Serous effusion, the ordinary product of pleural inflammation, may be reabsorbed; the internal administration of iron and iodine, together with the local application of vesicants, may be used as sorbefacients for the promotion of nature's efforts at absorption. I have, at present, a patient with pleuritic effusion of four months' standing, in which the fluid is rapidly disappearing under these measures. Should the measures advised prove futile after a reasonable trial, or before, if constitutional symptoms are marked, aspiration should be performed, and, if necessary, drainage-tubes inserted, through which the morbid condition of the pleura may be modified by topical applications. Aspiration, however, is generally sufficient in simple serous effusions. If the fluid is purulent, its earliest practicable evacuation is imperative, with a free opening to promote drainage. Simple aspiration alone will not suffice.

The late Prof. Stone, of New Orleans, was in the habit of trephining a rib, in order to secure a very large opening for free drainage, but I am convinced, from personal experience, that Stone's operation is unnecessarily severe, and that as good results may be obtained by the use of drainage-tubes, inserted through the intercostal space. Another important consideration in the treatment of empyema is to prevent septic poison by free ablution of the cavity with water and antiseptics. One great object to be attained is to secure obliteration of the cavity by adhesion of the costal and pulmonary pleuræ. Should we fail in this object, purulent matter may reaccumulate after apparent recovery, as in the case of a young man that came under my knowledge at the hospital. He was trephined by Prof. Cowling, and the case soon afterward discharged as cured, but as the pleural cavity was not obliterated by inflammatory adhesions there was a return of the trouble after closure of the wound, for which he was again admitted. Thirty ounces of pus were evacuated with the aspirator, and drainage-tubes inserted. The patient was again discharged, as well, some two months later.

The lesson to be inculcated by this simple review of the subject is that empyema is of more frequent occurrence than is generally supposed, being usually mistaken for other diseases less amenable to treatment, thus resulting in the use of improper and insufficient therapeutic measures. It also impresses us with the important fact that all chest troubles demand a careful physical examination and a clearly-established pathology before the institution of any treatment.

EDITORIAL DEPARTMENT.

PERISCOPE.

Cold Baths in Typhoid Fever.

In a notice of this method in the *British Medical and Surgical Journal*, Dr. Doe says:—

This method of treatment seemed to exert a very favorable effect on the tendency manifested by the disease to relapse, as shown by comparing the first three with the last three years; in the former 15 per cent. suffered from relapse, while in the latter only 5 per cent. I find also that in the clinic of Professor Ziemssen, at Munich, during the year 1874, only 4.5 per cent. of the cases similarly treated suffered a relapse.

If we compare the duration of the disease in the two series, we find that in the former, in which the patients did not have baths, the average course was twenty-seven and one-fourth days, while in the latter, in which baths were used, it was twenty-three days, the longest periods being respectively one hundred and forty-three days.

In all the cases under treatment meteorism was observed only four times in a severe form, its rarity being attributed by Professor Friedreich to the administration of calomel at the commencement of the disease. He asserts that he never saw this symptom but once when calomel had been given in the early stage of the attack.

Thus far we have seen only the beneficial effects of cold-water treatment; but if we now look to the frequency of the occurrence of intestinal hemorrhage, we find that this method of treatment exerts a very serious influence thereon. Wunderlich found in his clinic at Leipzig that the frequency of this complication was increased, though fortunately not the mortality. Professors Ziemssen and Gerhardt have also referred to its increased frequency. Schultze, in his investigations, found it to occur in 5.3 per cent. of the cases treated without baths, and in 10.9 per cent. of those treated with baths; and among the latter three had a second attack of hemorrhage, an occurrence never observed in those cases treated without baths. The possibility that this was dependent upon a more hemorrhagic character of the disease during the last three years is excluded by the fact that in those patients treated outside of the hospital, where the cold baths were not administered, the hemorrhagic cases fell from 10.9 to 5 per cent. The hemorrhage usually occurred in from one to three hours after the bath. It was noticed that cases of heart-disease complicating typhoid fever were much more prone to hemorrhage than others; two cases occurred in seven thus affected.

The frequency of neuralgia of the different nerve-trunks was also noticeably increased; it occurred in 5.5 per cent. of the cases treated with baths, and in only 1.2 per cent. of those not receiving baths. Another undesirable effect was the marked hyperæmia of the lower extremities occasionally observed, continuing until the baths were suspended.

Uterine Disturbance at the Change of Life.

The New York *Medical Journal* says that at a meeting of the New York Academy of Medicine, in regard to the uterine disturbance that is frequently noticed at the change of life, Dr. Barker said that many of this class of cases came under his observation. The most common symptoms observable are an increased flow of blood, together with a slightly-enlarged uterus. The patients were liable to be very much alarmed, and in dread of some possible danger. The treatment that was suggested was the use of rectal suppositories, one of them to be introduced three times a day. They were to be employed about a week before the epoch and continued till menstruation appeared. The formula of the suppositories was as follows:—

℞. Ext. ergotæ aq.,	ʒij
Ol. theobromæ,	ʒj.

Fiat suppos. No. xij.

The suppositories of ergot were preferred to hypodermic injections, from the unpleasant sequelæ of abscesses which were found occasionally to happen with the latter.

If the bleeding from the uterus continues, cones containing iodoform were introduced within the cavity of the uterus, and, in the experience of Dr. Barker, were of great benefit. The composition of these cones was:—

℞. Iodoform,	ʒijss
Gum-arabic,	gr. xv.

Mucilage sufficient to make ten cones.

A New Method of Preventing the Secretion of Milk in the Female Breast.

Dr. John Wm. Lane, L. R. C. S., writes to the *Medical Press and Circular*:—

I have for more than ten years employed the following method to prevent the secretion of milk in the breasts of women who may have had still-born children, or who, after having nursed their child for a few months, found it necessary to wean it. It is perfectly clean and painless, as far as my experience goes, and as such I beg to recommend it to the notice of my medical brethren.

We will take, for instance, the case where the infant has been born at the full period, but is dead, or dies within a few hours after its birth. The milk makes its appearance in the breasts general-

ly about the second day, sometimes longer, and sometimes it is ready when the child is born, and in the case of still-born children my experience leads me to think that in such cases it makes its appearance earlier than when the child is born alive. My plan consists in taking a piece of emplastrum adhæsivum of about ten inches square, round the corners, cut a hole in the centre for the nipple, then from the centre of each corner make a straight cut toward and within two inches of the centre hole; having now got it ready, let the patient lie on her back, her body being perfectly horizontal; warm the plaster and place it over the breast, then strap one of the lower corners down first, draw the opposite one tightly upward and fix it in its place, then the other lower corner, and lastly the opposite upper one, having drawn it sufficiently tight first; now take a piece of plaster two inches wide and about sixteen or eighteen inches long, and put it on from below and outside the breast, across, close by inside of nipple, and fasten the end over the clavicle; another piece may also be put on in an opposite direction, it being drawn over the shoulder. Of course, in cutting the plaster and strips the size of the breasts must be taken into consideration, there being so much difference in the size of female breasts.

The above plan I always follow when one of my patients wishes to dry the milk, as they usually call it, or where they are compelled to do so either from the death of the child or any other cause. I also am certain that strapping will prevent mammary abscess if resorted to in the earlier stage; I at least have found it to do so in many cases.

The Local Treatment of Phlyctenular Ophthalmia.

In the Canada *Lancet*, Dr. A. M. Rosebrugh observes:—In the local treatment, in adults, of phlyctenular inflammation, either of the conjunctiva or cornea, the plasma of the oxide of mercury may truly be said to be a specific. I have used this remedy for nearly fifteen years, during which time probably not less than one thousand cases of phlyctenular disease have been under my observation, and I do not remember a single case that did not readily yield to this local treatment. The eyes are bathed, for fifteen minutes at a time, with water as hot as can be borne. This is a most valuable remedy, and in the only case of phlyctenular keratitis in which I gave it an exclusive trial a cure was effected in three weeks. The mercurial plasma is applied twice a day, as follows:—Instead of applying it simply behind the lower eyelid, as is done by some practitioners, the eyelashes of the upper eyelid are held by the thumb and finger of the left hand, and the eyelid drawn forward. A small quantity of the plasma is now pushed up behind the lid with a camel's-hair brush held in the right hand. Before the brush is withdrawn the lid is pressed down so as to retain the plasma; and on the removal of the brush, the oxide is well diffused through the eye by rubbing the eyelid to and fro over the eyeball. The treatment, in any case, should be commenced with the least quantity that will adhere to the end of the brush, and the quantity increased according as it will be tolerated. In cases of ulceration, where the patient can keep the eye steady, I apply the plasma directly to the affected part, and allow it to remain a few seconds, or so long as the eye can be kept open. Where the case is complicated with "granular lids," the oxide is applied to the everted palpebral conjunctiva and allowed to remain about half a minute before the lid is closed.

The strength that I usually use is one grain to the drachm, but in some cases, where the patient has been under the treatment for several weeks, I find that a preparation of double that strength, or two grains to the drachm, is frequently well borne, and the case progresses all the faster.

In regard to the remedy itself, I prefer the plasma of glycerine and starch to the ointment. It does not become rancid, and being soluble in the lachrymal secretion it is more readily diffused over the conjunctival surface.

On Uniting Tendons by Sutures.

The New York *Medical Journal* quotes from a German source the case of a laborer, fifty-four years old, who sustained a lacerated wound on the dorsal aspect of the right hand, by which the extensor tendons of the fourth and fifth fingers were torn through; after the wound had healed these fingers could not be extended actively. Two months after the injury he consented to have an operation performed for the restoration of the functions of the fingers. The operation was performed under local anæsthesia, and the operator, Fillauz, easily succeeded in finding the peripheral somewhat swollen tendinous stumps, but the proximal stumps had retracted under the dorsal carpal ligament. The operator, therefore, dissected the tendon of the middle finger, in which he made a longitudinal incision, through which the freshened stumps of the tendons were passed and fixed by wire suture. After the wounds had healed, the patient could extend all his fingers, though there was firm adhesion between the skin and the cicatrix of the tendon. A similar case, with the same successful result, is reported by Le Fort.

Treatment of Constipation and Diarrhœa.

The New York *Medical Journal* quotes from the *Gaz. Med. di Roma*:—

"Every one knows how difficult defecation sometimes is for those persons who are afflicted with habitual constipation. In such cases relief is often sought from injections of cold water, with the occasional addition of oil or soap. The following clyster is recommended as infallible in such cases:—

"Take a tumbler and fill it half-full of water at the temperature of the room, pour in a few

drops of tincture of camphor, just enough to give the water a slight sapidity, then fill the glass with water. Inject this slowly into the rectum till about sixty or eighty grammes have been introduced. At first, no effect is perceived, but in about ten minutes the desire to defecate becomes irresistible. The effect becomes energetic in proportion to the quantity of tincture of camphor added. After the defecation it is well to repeat the injection of a small quantity of the same mixture and retain it in the rectum, which can readily be done, so as to prevent constipation on the following day.

"Although at first sight it may seem rather improbable, the same remedy is also useful in checking diarrhœa, even though it may have been persistent. The injection should be extremely slow; after the dejection it should be repeated two or three times. The quantity of tincture should also be increased."

Ergot in Intra-uterine Polypi.

Dr. A. Reeves Jackson says, in the Chicago *Medical Journal*, the medical treatment of polypus does not properly come within my scope; but there is one medicine to the efficacy of which I desire to bear testimony. I allude to ergot. Its use is especially indicated in cases where growths of fibrous character are passing from the condition of submucous tumor to that of polypus; and also in cases where polypi of any kind have come to press against, and do not quite pass through the os uteri. In these cases the ergot, by inducing firm contraction of the uterine walls, forces the growth downward; it becomes more quickly and decidedly pedunculated, and consequently more accessible to radical treatment. At the same time it is the most efficient agent, under these circumstances, in checking the hemorrhage. Prof. Byford has informed me that it has been his custom for many years to rely chiefly upon this drug for the purposes mentioned.

The Rose Harvest.

The *Chemist and Druggist* states:—

The particular variety grown in England for medicinal use is known in the English gardens as the cabbage rose, but other varieties are cultivated for similar purposes on the Continent. The rose cultivated at Pateaux, near Paris, for druggists' use, is called the *Rose de Pateaux*, whilst the *Rosa pallida* of the older English writers on drugs was called the damask rose, but that name is now applied, at Mitcham, to *Rosa Gallica*, which has very deep-colored flowers. The cabbage rose is cultivated in England to a very small extent; rose water which is made from its flowers being procurable of a better quality and at a lower cost in other countries, especially in the south of France. At Mitcham, whence the London druggists have long been supplied, there were recently from eight to ten acres planted with this rose; but a supply is also derived from the market-gardens of Putney, Hammersmith and Fulham. The attar of roses is of no medicinal importance, but serves, occasionally, as a scent for ointments. Rose water is sometimes made with it, but it is not so good as that distilled from the flowers. Attar is much used in perfumery, but still more in the scenting of snuff. In France, in the district of the Vaar, the flower harvest includes no less than 1,475,000 lbs. of orange blossoms, 530,000 lbs. of roses, 100,000 lbs. of jasmine, 75,000 lbs. of violets, 45,000 lbs. of acacia, 30,000 lbs. of geranium, 24,000 lbs. of tuberose, and 5000 lbs. of jonquil. A well-known perfume manufacturer at Cannes uses annually 140,000 lbs. of rose leaves alone, and other perfume-laden flowers in proportion.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"A Biographical Sketch of Increase Allen Lapham, M. D.," by S. S. Shearman (Milwaukee, 1876, pp. 80), is a most deserved tribute to one of the broadest-minded men in the American profession. Dr. Lapham's studies and researches covered the whole of nature: geology, botany, zoölogy, anthropology, physics, all found in him an ardent lover; and to his keen glances the secrets of nature showed themselves as they do to few. This handsome and well-written volume sketches briefly his many contributions to scientific literature and his quiet and earnest life. One of his pregnant suggestions it contains points to a wide field for future biological study; it is, "that the law of resemblance between the immature (embryonic) of one order and the mature of a lower order of animals, is equally true of the vegetable kingdom."

——The Report of the State Lunatic Asylum of Texas for 1875, shows a total of ninety admissions during the year. So large a proportion as ten cases are attributed to "religious excitement." The Superintendent, Dr. D. R. Wallace, strikes the right key when he writes:—

"Mental derangement is not only a purely bodily disease, but, what is of equal importance to be remembered, this statement is made upon the highest authority: *Grappled at once, as soon as its presence is recognized, it is, of all grave maladies, one of the most curable.*"

——The Report of the Western Pennsylvania Hospital for the Insane, at Dixmont, shows 170

admissions. The Superintendent, Dr. Joseph A. Reed, in his report, gives his principal attention to economic recommendations. The institution of which he has charge is admirably organized.

——The Report of the Pennsylvania Society for the Prevention of Cruelty to Animals shows that Society in a flourishing condition. On the subject of vivisection, the remark is made: "Efforts have been and are now made for preventing the employment of living animals for anatomical class illustrations, which involves the cutting and mutilation of a live subject for the perfect exposure of the nerves, muscles, and blood-vessels of the animal, thereby producing the most excruciating torture without any adequate results to warrant its infliction."

——Keen, Cooke & Co., of Chicago, have republished from the *Chicago Medical Journal* an article on "Intra-Uterine Polypi," by Dr. A. Reeves Jackson. It is a useful paper.

——The National Temperance Society has just published the "Cantor Lectures" on Alcohol, delivered a few months ago before the Society of Arts, by Benjamin W. Richardson, M.A., M.D., F.R.S., of London, with an introduction by Dr. Willard Parker, of New York. 12mo, 190 pages. Price in paper, 50 cents. We noticed these lectures at the time they appeared, and their author's name is a guarantee for value. Published by J. N. Stearns, 58 Reade street, New York.

——Vol. II, No. 1, of the "Series of American Clinical Lectures" is on the principle of Physiological Antagonism, as applied to the Treatment of the Febrile State, by Dr. Roberts Bartholow. It is both erudite and practical. The series, we trust, will continue.

BOOK NOTICES.

Filth—Diseases, and their Prevention. By John Simon, M.D., F.R.C.S., etc. First American Edition. Printed under the direction of the State Board of Health of Massachusetts. Boston, James Campbell, 1876. Small 8vo, cloth, pp. 96. Price $1.00.

In introducing this reprint to the American public, the members of the State Board of Health of Massachusetts use the following language: "If the practical suggestions made therein were acted on by all citizens, hundreds of lives now annually doomed to destruction would be saved, and the health and comfort of the people greatly increased." This statement is, however, thrown into the shade by Dr. Simon's own. In estimating the preventable deaths in England, he says: "The deaths are fully one hundred and twenty-five thousand more numerous in each year than they would be if existing knowledge of the chief causes of diseases were reasonably well applied throughout the country." Here are statements strong enough, and from high enough authority, to convince the humane man of the frightful lack of intelligence on sanitary subjects in both countries. Let it be remembered that these causes refer exclusively to public, and do not touch private hygiene.

The chief of them is uncleanliness. Two forms of this stand conspicuous; first, the omission to remove refuse matter, solid or liquid, from inhabited places; secondly, the spreading of dangerous infectious diseases by scattering abroad the seeds of their infection. Although these causes may be mingled with and partly obscured by others, there can be no question about the hurtfulness of filth. Diarrhœa, enteric fever, cholera, dysentery, etc., are avowedly traceable, for their spread and malignancy, to uncleanliness, in one or the other, or both these forms.

The chief sources of excremental infection are found either in faults of public sewerage, or of indoor water-closets and other apparatus of house-drainage, or in the faults of privies. Foul water and poisonous milk often come from these faults, which extend and present themselves in a thousand unexpected manners.

To fight this enemy, filth, disinfectants are useful, but cleanliness is the true weapon. In a general sense, as applied to masses of population, this is to be attained by sewage and scavenage. How to employ these means so that they shall accomplish thoroughly the end designed, is what our author endeavors to point out in short and clear language. For this part of his book we must refer our readers to his own pages. Suffice it to say, that, avoiding discussions, he gives results and directions that show he has made the subject one for study and observation on both a large and small scale. Every one, medical or not in profession, will be benefited by a perusal of his advice, and to sanatarians and builders it deserves special recommendation.

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RECENT VIEWS ON EVOLUTION IN MAN.

The latest researches on evolution, as a or *the* law of organic nature, have been largely devoted to the highest form of organism—man, and the lowest forms—plants.

The latter have been discussed, in two works, by Mr. DARWIN himself; the one on insectivorous, the other on climbing plants; and also by some less eminent writers. Last week we indicated a singular result of their studies. At present, looking at the other end of the scale of organism, we shall mention some late observations on man.

Dr. EMIL ROSENBERG, in the *Morphologisches Jahrbuch*, a publication issued in Germany, has presented a noteworthy paper on the development of the vertebral column, and of the os centrale carpi of man. He sets before himself the problem, little touched hitherto, of the discovery of the steps by which man may have developed from the nearest mammalian stock. Taking first the vertebral column, he sets forth the differences existing therein in the various Anthropomorphæ, and seeks to reconcile them with that of man. For instance, in two genera, Troglodytes and Hylobates, there are thirteen dorsal vertebræ, while in the Orang and in man there are only twelve. But Dr. Rosenberg has discovered in more than one human embryo an actual rib-rudiment on the thirteenth dorsal vertebra; so that the homology of the thirteenth dorsal in man and Troglodytes is established.

Another result that Dr. Rosenberg claims to have demonstrated from examination of human embryos is, that a process of transformation goes on in the growth of the sacrum, by which vertebræ at the proximal end, with their costal elements, are assumed into the sacrum, while a corresponding number at the distal end undergo reduction, and are dismissed into the caudal region. And this process, generalized, may be applied to each of the hinder regions of the vertebral columns. Thus in the history of development each lumbar vertebra in man is the result of a single transformation from the condition of a dorsal vertebra; each sacral vertebra has previously passed through the lumbar stage; while the caudal vertebræ have been successively dorsal, lumbar and sacral, before becoming caudal.

Dr. ALEXANDER ECKER, in the *Archiv für Anthropologie*, has called attention to the varying length of the index and ring fingers. This relative measurement he thinks may have an unexpected bearing on the question of the general perfection of the organism; his conclusions briefly are, that:—

1. In the Apes as yet examined, the difference being least marked in the Gorilla, the index finger is the shorter.

2. In Negroes, also, the index appears to be the shorter. No sexual difference can as yet be established.

3. In Europeans the variation is so great that at present no rule can be laid down.

4. When a great artist has attempted to rep-

resent a beautiful and ideally perfect hand, he has never made the index strikingly shorter than the "ring" finger.

May it then not be possible—

1. That an index relatively longer than the "ring" finger is the attribute of a higher form of beauty.

2. That here, as in many other particulars, the female form appears to be morphologically the purest?

The longest and least mobile finger is the middle one; the shortest and most capable of motion, is the thumb, or "pollex;" next in order in the scale of mobility come the little, "ring," and lastly the index, or forefinger.

The question which Professor Ecker has here raised, and into which he intends to inquire further, may appear to some trivial and unworthy of serious study; but, far from this, the satisfactory solution of it will, there is but little doubt, be of the greatest interest not only to the philosophical anatomist, but also to the sculptor and painter who would fain go a little below the mere surface of his art. Mr. J. C. GALTON has made several interesting comments on the subject in *Nature*.

Meantime discoveries in Switzerland, in the interglacial coal beds, show that we have clear evidence of the existence of man in one of the warm intervals of the glacial epoch; and "finds" in the caverns in the west of England show that when the cave savage frequented them the vicinity was warm enough for the hippopotamus and lion to make it their home. At least eight times the period elapsed between the disappearance of this cave savage and the incoming of the ancient Briton, the pioneer of the Aryan race.

—The combined annual meeting of the Italian Medical Association and of district medical officers (*medici condotti*) in Italy is to be held in Turin on September 18th to 22d. It will be divided into three sections: 1. Medicine (including as subsections), Physiology, Mental Diseases, and Diseases of Children; 2. Surgery (including), Obstetrics and Gynecology, Ophthalmic Surgery, and Syphilography; 3. Hygiene and Public Medicine.

NOTES AND COMMENTS.

The Metrical System.

This system, which should be adopted at once in this country, legally took the place of the old apothecaries' weights in Austria, Jan. 1, 1876. The latter are no longer to be used in dispensing; and when prescriptions are written according to the old system, the druggist must translate the weights into those of the metrical system. For his guidance in doing this, a table of the equivalent weights of the two systems is published. When special accuracy is required, prescriptions must be written according to the metrical system; and practitioners are recommended in general to abandon the use of apothecaries' weight. The unit of weight is to be the *gramme*, the numbers being expressed in Arabic figures. The integral grammes are to be divided from fractional parts by a decimal point or stroke; and in all cases the fractional parts must be expressed by two places of decimals: thus, five centigrammes = 0.05; two-and-a-half grammes = 2.50. As the words "decagramme" (ten grammes) and "decigramme" (one-tenth of a gramme) are liable to be confounded, it is recommended that neither be used, but that, in place of writing, for instance, "five decagrammes," the expression "fifty grammes" be used; and that "fifty centigrammes" be written instead of "five decigrammes."

The Catholicity of Science.

The London *Times*, in a recent issue, has an editorial from which we extract the following for the benefit of those purblind medical men who still entertain a horror of teaching the public any of the "mysteries" of our craft. "The interests of all professions are identical with those of the communities within which they move and by which they live, and hence every class should seek to unite itself to others by the bonds of comprehension and sympathy, rather than to conceal its actions behind mystery and verbiage. Everything which assists the public to understand the work of medical practitioners and the difficulties by which that work is beset, and everything which diffuses a knowledge of the points in medicine about which certainty is attainable, as well as of those to which experience must feel its way through doubts, will contribute toward setting difficulties and doubts aside."

Light in its Relation to Health.

Some of our readers may recall an entertaining little book on this subject by the late Dr. Forbes Winslow. His facts have special interest now, in view of Mr. Crookes' most able experimental researches on the conversion of light into motion. These have opened up a new field of physical investigation, which has an immediate application to medical science. The influence of light upon the functions of life and health is very great; and it has long been a source of regret that there does not exist any accurate means of registering the amount of light falling upon any given spot. The defect will now be supplied by Mr. Crookes' photometric radiometer, which will register accurately all the variations in amount of light, and record every passing cloud. Such an instrument will, we apprehend, be highly useful to the physician and the climatologist. Mr. Crookes was led to his present conclusions by the observation of an "anomaly of experiment" which he has investigated with sagacity, and by the aid of a series of researches of much beauty.

Vomiting of Pregnancy Cured by Hyoscyamia.

Dr. Pitois, Professor at the Medical School at Rennes, reports two striking cases of this. After trying, unsuccessfully, all the usual means, it occurred to him to administer a teaspoonful every hour of a mixture containing five milligrammes of hyoscyamia in 125 grammes of fluid. The next day the vomiting ceased, did not recur, and the patient went on favorably to the natural term of her pregnancy. A second case of the same kind was cured by the same remedy.

The Use of Opium.

We observe the statement in a Western paper that the habit of opium-smoking in the Chinese dens of Virginia City is becoming so common among the white people that many of the older pupils in the public schools are beginning to frequent these places, and a loud call is made to have them closed by law.

Dr. Mattison, in an article in the *Medical Record*, maintains that, while alcoholic intoxication is decreasing throughout the United States, opium-drunkenness is increasing, and the dealers in crude opium and the manufacturers of its alkaloids assert that the importation of the one and the productions of the other are rising rapidly year by year; so much so regarding morphia, that at one of our largest manufacturing centres the supply is said to be insufficient for the demand.

Legislative enactments prohibiting the refilling of an opiate prescription, or the dispensing of opium in any form, unless in pursuance of a prescription from the attending physician, would, Dr. Mattison considers, accomplish an immense amount of good.

Picrotoxine in Epilepsy.

The *Practitioner* states that M. Dujardin-Beaunetz has tried the effect of picrotoxine, the active principle of jaborandi, in epilepsy, beginning with small doses, and attaining ultimately three milligrammes per diem. Prompt amelioration took place in the symptoms. The fits, which in the first instance occurred every day, only took place every second day, then became more and more rare, till they ultimately disappeared altogether. The patient quitted the hospital after two months, and had not again been seen, though he promised to return should the fits occur. This result does not, of course, demonstrate that the epilepsy was cured, but simply that an attack had been staved off for two months; but it suggests that further trials should be made with it.

No Tannin in Gentian Root.

At the last meeting of the Pharmaceutical Society in this city, Prof. Maisch read a paper on "The asserted presence of tannin in gentian root," clearly showing the absence of tannic acid in this drug. The infusion is not at once precipitated by gelatin, and yields, with a chemically neutral solution of ferric chloride, a blackish color, due to gentisic acid, and to a body producing a green fluorescence, the color being, of course, destroyed by an acid from the decomposition of the ferric gentianate.

Religious Insanity.

It is stated in one of the religious weeklies that "Dr. Gray, of the Utica Asylum, declared, some time ago, that he never had known a case of insanity which could clearly be traced to religious excitement, as its cause." This is exactly contrary to what several eminent revivalists themselves assert, as we can quote passages from the "Life of Dr. Finney," and others, who expressly say that they met cases of permanent mania, the result of profound "conviction."

Correspondence.

Placenta Prævia.

Ed. Med. and Surg. Reporter:—

As cases of placenta prævia are not of frequent occurrence, I will report a case that came under my charge, for the benefit of your many readers.

On the morning of February 18, I was called to see Mrs. K., who was pregnant over seven months in her fifth pregnancy. All of her other labors were normal. I found her sitting up on a chair, and her statement was that, about two hours before, a severe and sudden hemorrhage came on her, but had partially subsided. I requested her to lie down, to enable me to make an examination. I found the os closed, but she stated that she had a continuous bearing-down pain. I requested her to remain quiet in bed, and at the same time gave her a dose of opium, promising to call in two hours. On my next visit I found the os dilated, so I could introduce one finger into the womb, when I discovered that I had a case of placenta prævia to deal with. The os was hard and unyielding, hemorrhage at times quite severe. In about eight hours the os was about the size of a half-dollar, hard and unyielding, and the hemorrhage became alarming, running from her in quite a stream. She became faint, and began to bid her friends good-bye. My choice was either to forcibly dilate the os and deliver, or let my patient sink. I, therefore, forcibly dilated the womb, and of course did it as quickly as possible under the circumstances, and introduced my hand, sought for the feet, turned, and delivered.

The hemorrhage was great for a few moments, but the patient rallied, and is now out of danger. The centre of the placenta seemed to be over the os. I much dreaded the forcible introduction of the hand when the parts were rigid, but necessity compelled immediate interference, and I am happy to say no bad consequences followed.

The child lived about one hour after it was delivered. Wm. F. Smith, M. D.

Airville, York Co., Pa., March 2, 1876.

News and Miscellany.

Medical College Commencements.

Jefferson Medical College.

The commencement of this institution took place Saturday, 11th, at 12 M., in the Academy of Music. The exercises were opened with prayer by the Rev. William Rudder, D. D. E. B. Gardette, M. D., President of the Trustees, conferred the degree of Doctor of Medicine on the graduates, of whom there were 141. The following prizes were then awarded:

1. A prize of $100, by Henry C. Lea, Esq., for the best thesis, to Robert B. Benham, of Ohio, with honorable mention of the theses of Daniel J. Holland, of Indiana, John B. Carrell, of Pennsylvania, Theo. Horwitz, of Pennsylvania, and James W. Madara, of Pennsylvania.

2. A prize of $100, by Hon. H. M. Phillips, for the best essay upon the Influence of Diseases of the Nervous System upon the Mind, to W. Scott Madden, of Pennsylvania.

3. The Toner Medal, by J. M. Toner, M. D., of Washington, D. C., for the best thesis, based upon original investigations, to Louis L. Seaman, of New York, with honorable mention of the thesis of Thomas H. Price, of West Virginia.

4. A prize of $50, by the professor of obstetrics, Ellerslie Wallace, M. D., for the best paper on the Descriptive and Relative Anatomy of the Gravid Uterus, to E. Frank Garrett, of Pennsylvania.

5. A prize of $50, by the professor of practice, J. M. DaCosta, M. D., for the best Report of Clinical Cases, to Louis G. Goribar, of Mexico, with honorable mention of the report of Theodore Horwitz, of Pennsylvania, and of an essay by Stacy B. Collins, of California.

6. A prize of a pocket operating case, of the value of $25, by the demonstrator of anatomy, T. H. Andrews, M. D., for the best dissection in the anatomical room, to Isaiah F. Markel, of Ohio.

7. A prize of a gold medal, by the demonstrator of surgery, J. E. Mears, M. D., for excellence in bandaging, to Samuel W. Woodruff, of Pennsylvania.

Dr. Addinell Hewson then stepped forward, and on behalf of the Alumni Association presented to the college a portrait of the late Professor Robley Dunglison, M. D., who was identified with the institution for a long period. The doctor delivered a brief address, in which he said:—"You will notice by the programme that Dr. Samuel W. Gross, the son of the venerable professor of surgery of this college, was to have presented the portrait of the late Professor Dunglison to the faculty and trustees, but, owing to a sudden death in his family, he is not here, and the cause of his absence is of so recent occurrence, that the committee has been unable to obtain any one to fill his place. My appearance here to-day is due to my being chairman of that committee. It is, indeed, but right that I should make this explanation for the unprepared manner in which I have to make the presentation."

The speaker then gave a sketch of the life and character of Dr. Dunglison. He said the Professor was not only a most finished scholar, but was as profoundly learned a man as has ever graced the profession in this or any other age. He was identified with this college from almost the earliest period of its existence. On account of his learning he had been summoned from England, his native place, by Thomas Jefferson, on the occasion of his founding the medical department of the University of Virginia. He was called to take part in the first organization of the faculty of the Jefferson Col-

lege. The speaker concluded by saying: "Several portraits have been painted of Professor Dunglison, but I have the concurrence of his family and of many of his friends in the opinion that this I present has no superior."

The orchestra then performed a new overture, entitled "Franc tireurs," by Alexander, after which Professor William H. Pancoast delivered the valedictory address.

Medical Department of the University of Pennsylvania.

On Friday, March 10th, the commencement of the one hundred and tenth session of the University of Pennsylvania took place at the Academy of Music. The degree of Doctor of Medicine was conferred by the Provost of the University, Charles J. Stillé, LL. D.

The total number of graduates was one hundred and twenty-four, distributed as follows:—

Brazil	1	North Carolina	7
California	3	Nova Scotia	5
Cuba	1	Ohio	2
Delaware	4	Oregon	2
Florida	1	Pennsylvania	65
Indiana	1	Prince Edw's Is.	2
Iowa	1	Scotland	1
Kansas	1	South Carolina	1
Kentucky	1	Tennessee	1
Maryland	1	Virginia	4
Massachusetts	1	West Virginia	1
Mississippi	2	Wisconsin	1
New Jersey	11		
New York	3	Total	124

Those receiving the first prize of $50 each were Charles B. Goldsborough, Philadelphia; William H. Klapp, Philadelphia; J. Munro Murray, Philadelphia; Robert Meade Smith, Philadelphia; and J. Francis Walsh, Camden, N. J.

Those awarded distinguished merit were Louis Brechemin, Jr., Philadelphia; George Hay, of Edinburgh, Scotland; George W. Vogler, Philadelphia; and Henry R. Wharton, Bryn Mawr, Pa.

Those honorably mentioned were Edwin B. Bertolet, Pennsylvania; Frederick Best, Nova Scotia; Frank Eyre, Philadelphia; Louis E. Gilliard, Philadelphia; Samuel F. Hazlehurst, Philadelphia; C. Rodney Layton, Jr., Delaware; William P. Melcher, Camden, N. J.; Charles A. Oliver, Philadelphia; Francis M. Perkins, Philadelphia; R. Harvey Reed, Ohio; A. S. Reynolds, New Jersey; Angus Ross, Nova Scotia; Alston M. West, Mississippi.

The valedictory was delivered by Professor Alfred Stillé, M. D., professor of theory and practice of medicine. The history of medicine was recited, its application to the cause of humanity referred to, the graduate was instructed as to what his future course should be, and the farewell was pronounced.

—Eight students received diplomas from the Evansville (Indiana) Medical College at its commencement, March 1.

ALUMNI MEETINGS.

The Jefferson Medical College.

The Alumni met at the Hall of the College of Physicians on Friday evening, March 10th, Dr. A. Hewson in the chair, in the absence of the President, Professor Gross.

After the usual business, an election of officers to serve during the ensuing year took place, with the following result:—

President—Professor Samuel D. Gross.

Vice-Presidents—W. C. Atlee, M. D., Elwood Wilson, M. D., J. M. Nolty, M. D.

Secretaries—Thomas H. Andrews, M. D., Richard J. Dunglison, M. D.

Treasurer—Professor B. H. Rand.

Executive Committee—E. Wallace, William F. Pancoast, M. D., W. B. Atkinson, M. D., J. H. Brinton, M. D., L. M. Townsend, M. D., J. M. Burton, M. D., H. Engle, M. D., R. J. Levis M. D., William Thompson, M. D., Wm. W. Keen, M. D., N. Hatfield, M. D., Professor O. H. Allis, E. R. Stone, M. D., Professor S. M. Gross, Professor A. Hewson, A. C. Bournonville, M. D., F. F. Maury, M. D., W. L. Knight, M. D., W. H. Warden, M. D., A. W. Johnson, M. D., Professor Jesse Williamson and R. S. Wharton, M. D. Adjourned.

The annual address before the alumni was delivered in the hall of the College of Physicians, Thirteenth and Locust streets, by Dr. J. M. Toner, of Washington, D. C. His subject was "The Medical Department and Surgeons of the Revolution."

Alumni of the University of Pennsylvania.

The Alumni of the Medical Department of the University of Pennsylvania held the regular annual meeting on the evening of Thursday, March 9th. After an interesting reunion, the following officers were elected for the ensuing year:—

President—Dr. George B. Wood.

Vice-Presidents—Drs. Joseph Carson, Meredith Clymer, W. S. W. Ruschenberger, John L. Atlee.

Corresponding Secretary—Dr. R. A. Cleeman.

Recording Secretary—Dr. Horace Y. Evans.

Treasurer—Professor R. E. Rogers.

Executive Committee—Drs. Hiram Corson, Edward Hartshorne, William Hunt, Andrew Nebinger, John H. Packard, H. Lenox Hodge, James H. Hutchinson, James Tyson, S. S. Stryker, W. F. Norris, Thomas J. Yarrow, J. B. H. Gittings, De Forrest Willard, Louis Starr, C. K. I. Miller, Frank Hand, J. M. Murray.

Orator—J. W. Woodward.

Medical Staff of the Centennial Exhibition.

We have already announced the appointment of Dr. William Pepper as Medical Director in connection with the Centennial International Exposition at Philadelphia. The duties of this position, which is a purely complimentary one, are to organize and supervise the Medical Service

at the Exposition Grounds, and to publish from time to time official circulars relative to the sanitary condition of Philadelphia.

In view of the large numbers of persons who will visit the Exposition, it has been deemed prudent to provide for the occurrence of casualties, or cases of sudden sickness, by the erection of a suitable building to serve as the Headquarters of the Medical Bureau; and by the appointment of a staff of medical officers, of whom one at least shall always be at this post during the hours of the Exposition.

Every facility will be provided for the immediate care and treatment of cases of accident, or sudden sickness. It is not, however, designed that any patients should be retained at the Medical Headquarters, but they will be conveyed, so soon as proper, in comfortable ambulances, to their place of residence, or to one of the neighboring hospitals.

The following gentlemen have accepted appointments as medical officers:—Jacob Roberts, M. D.; S. W. Gross, M. D.; H. C. Wood, M. D.; Roland G. Curtin, M. D.; Hamilton Osgood, M. D.; Theodore Herbert, M. D.

County Medical Societies.

At its session of 1875, the Medical Society of the State of Pennsylvania wisely urged upon the physicians of those counties where no organization exists the importance of forming County Medical Societies. We understand that the censors of the various districts, in conjunction with the permanent secretary, Dr. Atkinson, are actively furthering this work. We would suggest to all regular physicians in those counties, that they send their names to Dr. Atkinson, 1400 Pine street, Philadelphia, in order that all may be enabled to work, and have every county organized in time for the annual meeting of the State Medical Society, May 31st.

Dr. J. G. Kerr, of Canton.

Information received from China brings the intelligence of the resignation of Dr. Kerr, as one of the physicians and surgeons of the Missionary Hospital of Canton, an institution to which he devoted his best energies for a period of nearly a quarter of a century. His reasons for taking this step are the health of his family, and the want of educational facilities for his children. In accepting his resignation the Board of Missions tendered Dr. Kerr their thanks for his long-continued and valuable services, and their best wishes for his welfare and happiness. During his residence at Canton Dr. Kerr earned an enviable reputation, not only as a physician but also as a surgeon. As a lithotomist he met with a degree of success hardly equaled by any American or European surgeon. Latterly he had frequently as many as thirty, thirty-five, or even forty cases a year, with a remarkably slight mortality. He had also very great success in cataract operations, in the removal of tumors, some of them of huge size, and in cases of necrosis, of which the number is very great in China. The results of the labors of such a faithful and earnest worker cannot but prove highly beneficial in advancing the interests of medical science in China, and also, indirectly at least, in promoting the progress of civilization in the empire. Dr. Kerr is, we believe, a native of Ohio, and a graduate of the Jefferson Medical College of this city. We are sure he will meet with a cordial welcome from his professional brethren, after so long an absence from the United States.

Female Students.

The number of young women who are studying medicine at St. Petersburg has considerably increased. The level of their attainments is also higher, and the reports of the professors are more favorable. The feminine students are 171 in number, of whom 23 are married women, 102 noble, 17 daughters of traders, 12 of ministers of religion, and 15 of families of the middle classes.

During the past session two ladies have been attending the lectures at the Philadelphia College of Pharmacy.

Medical Society of the State of Pennsylvania.

The Twenty-seventh Annual Session will be held in the city of Philadelphia on Wednesday, May 31st, 1876, at 3 P. M. The appointments are:—To prepare—The Address in Surgery, Dr. D. Hayes Agnew, Philadelphia. The Address in Obstetrics, Dr. R. Davis, Wilkesbarre. The Address in Medicine, Dr. James Aitken Meigs, Philadelphia. The Address in Hygiene, Dr. Benjamin Lee, Philadelphia. The Address in Mental Disorders, Dr. John Curwen, Harrisburg. The Secretaries of County Medical Socities are earnestly requested to forward *at once* their lists of *Officers and Members*, with the *Post-office address of each member*.

WM. B. ATKINSON, M.D.
Permanent Secretary,
1400 *Pine Street, Philadelphia.*

Personal.

—It is proposed to celebrate the fiftieth anniversary of the doctorate of Professor Stromeyer by a formal meeting of eminent surgeons of England and Germany.

—The Lord Mayor of Dublin is a prominent physician—Dr. G. B. Owens.

—Professor Schröder, of Erlangen, the author of the well-known work on *Obstetric Medicine*, has accepted an invitation to the Chair of Midwifery in the University of Breslau, vacant by the death of Professor Martin.

—A writer states that in the Ohio and Mississippi Valley the "greenback belt" is almost throughout coterminal with the fever and ague ridden districts. The connection were a curious subject of study.

QUERIES AND REPLIES.

Hair Tonic.

Dr. S. K. of Ala.—The following is the prescription you wish, from Erasmus Wilson's book "On Skin Diseases," fifth edition:—

LOTIO CAPILLARIA STIMULANS.

R.	Olei amygdalæ dulcis,	1 ounce
	Liquoris ammoniæ fortiss,	1 ounce
	Spiritus rosmarini,	4 ounces
	Aquæ mellis,	2 ounces.

Misce fiat lotio.

Strangury.

ED. REPORTER:—If L. N. D., of Indiana, will use the following prescription, he will relieve his patient of the Strangury he speaks of in the last No. of the REPORTER.

R.	Creasote	
	Vinegar,	aa gtt xij
	Aqua cinnamon,	3 ounces.

M. Dose, one teaspoonful, in water, every two hours, until relieved. J. FOREMAN, M.D.
Port Royal, Ky.

ED. REPORTER.—If there be an idiosyncrasy against the use of a medicine, would not the exhibition of it be injurious? viz: How could a case of congestive fever be treated efficiently, if quinine, the established "sine qua non," be at variance with the peculiar susceptibility of the system?

D. B. P.

Dr. J. S. H., of S. C.—We cannot find that the papers to which you refer have been translated.

OBITUARY.

HENRY F. ASKEW, M. D.

We regret to be called upon to chronicle the death of this veteran physician. For many years we have met his cordial grasp of the hand, and his cheerful welcome, at the sessions of the American Medical Association. By all those who have been regular attendants at these meetings, no one will be more missed or regretted than the subject of these remarks. The death of Dr. Askew occurred at Wilmington, Delaware, on Sunday, March 5th, 1876, of apoplexy.

Dr. Askew was born June 24th, 1805, in Wilmington, and hence, had attained the age of 71 years. He was a descendant of Sergeant John Askew, who is mentioned in history, as having been present at the taking of Fort Casimir, on the site of which Newcastle is now built, by the English, in 1664.

He received an ordinary English education, and commenced the study of medicine under the late Dr. William Gibbons, graduating as Doctor of Medicine at the University of Pennsylvania, in 1826. He first commenced practice in Ohio, and next in Centreville, Pa., but shortly returned to Wilmington, at which place he continued in practice until the day of his death. He speedily acquired a large and lucrative practice, following which he proved remarkably successful.

Nor was he satisfied alone with the practice of his profession, for we find him actively engaged in medical organizations. He was an active member, and also President, of the State medical Society of Delaware. From the day of its organization he was earnest in furthering the success of the American Medical Association. He rarely failed to be present at its sessions, and in 1859, at Washington, he was elected first Vice-President, and in 1867, at Cincinnati, he filled the office of President.

When the Judicial Council was formed, in 1873, he was elected a member for two years. Prior to this, he was almost constantly a member of the Committee on Ethics, in which trying position he acquitted himself fully to the satisfaction of every one.

Dr. Askew was of too ardent a temperament to be satisfied without taking part in everything of a public nature, and hence, we find him an active partisan in politics; postmaster of his city, member of Councils, and at one time named for Governor and United States Senator.

About three years ago he lost his wife, who had long been to him a faithful companion. He leaves three daughters, but no son to perpetuate the Askew name.

W. B. A.

MARRIAGES.

BAXTER—TRYON.—March 9th, 1876, J. H. Baxter, M. D., of Washington City, and Florence Tryon.

DUFFIELD — YOUNGER. — Thursday, March 9th, 1876, at the residence of the bride's parents, 1809 Frankford road, by Rev. Wm. Greenough, Mr. Harrison Duffield, M. D., and Miss A. Melissa Younger, both of this city.

FAIRLAMB—BUEHLER.—March 9th, 1876, by Rev. Wm. M. Baum, D. D., Dr. George W. Fairlamb, and Miss Laura T., daughter of Mr. Martin Buehler.

HALL—GOODELL.—January 27th, in Plattsburg, New Jersey, by the Rev. J. B. Davis, the Rev. Henry R. Hall and Mary E. Goodell, only daughter of Dr. George Goodell.

MAGIE—McCOSH.—February 23d, at Princeton, N. J., by Rev. James McCosh, D. D., LL. D., Dr. David Magie, of New York city, and Margaret S., daughter of the officiating clergyman.

VAN VALZAH—ADAMS.—February 23d, by the Rev. James Robinson, Robert T. Van Valzah, M. D., and Ella E. Adams, all of Ashland, Pa.

YOUNG—LAFON.—On Monday, Feb. 28, at the residence of the bride's parents, by Rev. Dr. Stearnes, Annie Catharine, daughter of Thomas Lafon, M. D., and Charles Young, M. D., all of Newark, New Jersey.

DEATHS.

ASKEW.—On Sunday morning, March 5, Henry F. Askew, M. D., in the 71st year of his age. Residence, Wilmington, Delaware.

BARLOW.—At his residence in New York, on the 28th inst., Samuel Bancroft Barlow, M. D., aged 76 years.

CORSON.—On Friday morning, March 10, Mary K., wife of Dr. Thomas J. Corson, and daughter of George W. Steever, of this city, in the 49th year of her age.

FREEBORN.—In New York, on Sunday, February 27, William A., infant son of Dr. Geo. C. and Adelaid Y. Freeborn.

HARRIS.—At No. 43 E. Thirtieth street, New York on February 23d instant, Dr. Francis L. Harris.

HOFFMAN.—On Monday, the 28th of February, at Morristown, New Jersey, Edward Seton Hoffman, M. D., in the 47th year of his age.

KIRBY.—In New York, on Monday, March 6, Stephen R. Kirby, M. D., aged 75 years.

LEEDY.—At Warsaw, Indiana, on the 16th of February, of pneumonia, Dr. John K. Leedy, after an illness of eight days.

PARRY.—At Jacksonville, Florida, on the morning of the 11th inst., Dr. John S. Parry, of Philadelphia, in the 34th year of his age.

TREACY.—On the 9th instant, of scarlet fever, Agnes, daughter of Dr. D. J. and Mary F. Treacy, aged five years.